## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04/01/2</u> 008	Address:	<u> 19425 N 700 L</u>
Case #:	<u>34-33851</u>		Dale, IN 47523
County:	Spencer		<u> </u>
Type of Laboratory Seizure (check one)  Operational Lab		Seizure Location (	check all that apply)
	al/Glassware/Equipment (only) ite (only)	<ul><li>☐ Outbuilding</li><li>☑ Vehicle</li></ul>	☐ Open – No Structure ☐ Other:
	nd: Location (bedroom, kitchen, open a	ir, etc)	
(check all that apply)    Lithium/Ammonia Reaction(s):   <u>Basement</u>			
Red Phosphorous/Iodine Reaction(s):			
☑ Flammable Solvents: <u>Basement / Car</u>			
Water Reactive Metal (Lithium):			
Auhydrous Ammonia: Car			
Hydrochloric Acid Gas Generator(s): <u>Basement / Car</u>			
Corrosive Acid: Basement			
Corrosive Base:			
Other (i	tem and location):		
Child under age 18 discovered (check one)  Yes _ (number present)  No  *If yes, fax report to Child Protective Services		Investigative Information  ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:Criminal Investigation	
This report	t is to be faxed to the following ager	<u>icies that serve the l</u>	ocation:
Fire Department: St. Meinrad  Health Department: Spencer Co  Child Protection Service: Spencer Co		- Fax: <u></u>	<del></del>
For further . Investigation	information regarding this methamphog Officer: <u>Troy Fischer</u> Phot	etam <mark>ine labor</mark> atory, c ne <u>812-482-1441</u>	ontact

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.